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CMS Meaningful Use Proposed Rules Overview
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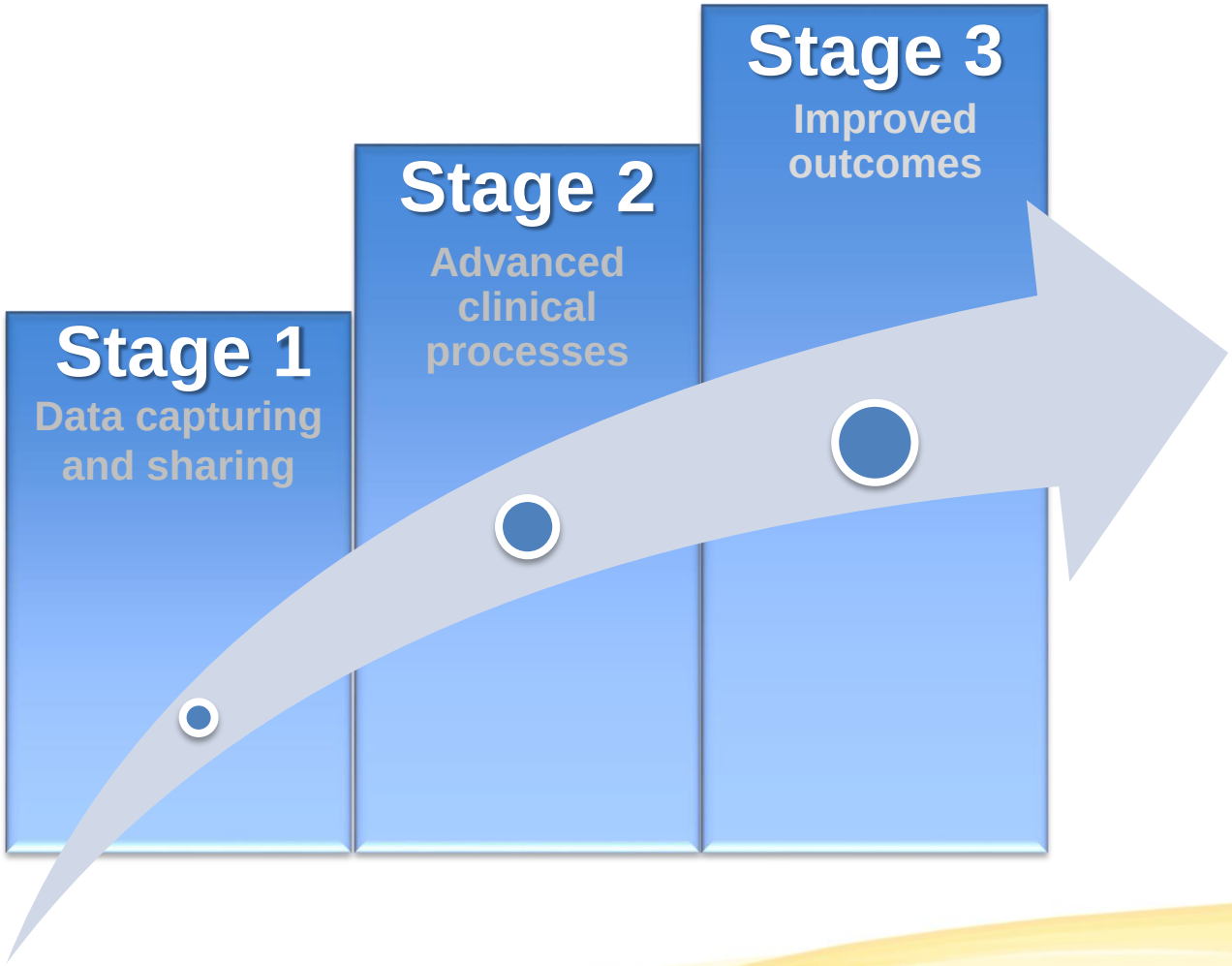
Learning Objectives

1. Understand approach for Stage 3
2. Explain Stage 3 proposed requirements
3. Provide overview of Modifications to Meaningful Use in 2015-2017 proposed rule


Stage 3
Improved outcomes
Stage 2
Advanced clinical processes
Stage 1
Data capturing and sharing

Overview of Proposed Rules

CMS and ONC recently released notices of proposed rulemaking (NPRMs) for the EHR Incentive Programs and the Certification program:

Released March 20:

- **Stage 3 of Meaningful Use NPRM** – Specifies the Stage 3 requirements for eligible professionals, eligible hospitals, and critical access hospitals in the EHR Incentive Programs

- **EHR Technology Certified to the 2015 Edition NPRM** – Outlines the certification and standards to help providers meet the proposed Stage 3 requirements with EHR technology certified to the 2015 Edition

Released April 10:

- **Modifications to Meaningful Use in 2015-2017 NPRM** – Proposes revised requirements for eligible professionals, eligible hospitals, and critical access hospitals participating in the EHR Incentive Programs in years 2015 through 2017

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Stage 3
NPRM Requirements

Goals of Proposed Provisions

1. Provide a flexible, clear framework to simplify the meaningful use program and reduce provider burden
2. Ensure future sustainability of Medicare and Medicaid EHR Incentive Programs
3. Advance the use of health IT to promote health information exchange and improved outcomes for patients

Stage 3 NPRM Streamlines Programs

Streamlining

- Synchronizing on single stage and single reporting period

Stage 3 NPRM Streamlines Programs

Streamlining

- Reducing burden by removing objectives that are:
  - Redundant paper based versions of now electronic functions
  - Duplicative of other more advanced measures using same certified EHR technology function
  - Topped out and have reached high performance

Stage 3 NPRM Streamlines Programs

Streamlining

- 8 advanced use objectives

Stage 3 NPRM Improves Outcomes

Stage 3 NPRM focuses on objectives which support advanced use of EHR technology and quality improvement

Health information exchange objectives improve outcomes by:

- Ensuring providers caring for same patient are sharing info with one another
- Providing patients with easy access to health info
- Fostering data collection in sharable format across multiple health care organizations
- Supporting learning health system through sharing of common clinical dataset and expanding types of registries to which hospitals and providers can report

Stage 3 NPRM Increases Interoperability

Stage 3 NPRM increases interoperability by:

- Simplifying requirements to focus on objectives supporting advanced use of health IT
- Requiring providers to report on 2 of 3 HIE measures
- Requiring Stage 3 in 2018 for all to increase scale of participation and support growth in HIE and patient engagement infrastructure

Stage 3 NPRM Provides Flexibility

The Stage 3 proposed rule makes the meaningful use program more flexible:

- Have option to report on Stage 3 criteria in 2017
- Required to report on Stage 3 beginning in 2018 regardless of prior participation/stage of meaningful use

Stage 3 NPRM Provides Flexibility

The Stage 3 proposed rule makes the meaningful use program more flexible:

- Simplifying meaningful use objectives and measures and allowing flexible measures for:
  - health information exchange
  - consumer engagement
  - public health reporting
- Providing enhanced flexibility and options for public health reporting

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Stage 3 Requirements, Objectives & Measures

Reporting Period

- Full calendar year reporting period beginning in 2017
- CQM reporting in coordination with quality reporting programs

Stage 3 Proposed Objectives

1. Protect Electronic Health Information
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Computerized Provider Order Entry (CPOE)
5. Patient Electronic Access to Health Information
6. Coordination of Care through Patient Engagement
7. Health Information Exchange
8. Public Health Reporting

Retained Stage 2 objectives with modifications

Objective	Measure(s)
Protect Electronic Health Information	Conduct or review a security risk analysis including addressing the encryption/security of data stored in CEHRT, and implement security updates as necessary and correct identified security deficiencies as part of the EP's, EH's, or CAH's risk management process.
Electronic Prescribing (eRx)	EP Measure: More than 80% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. EH/CAH Measure: More than 25% of hospital discharge medication orders for permissible prescriptions (for new, changed, and refilled prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.
Clinical Decision Support	EPs, EHs, and CAHs must satisfy both measures in order to meet the objective: • Measure 1: Implement at least 5 CDS interventions tied to clinical quality measures or key high-priority health conditions. • Measure 2: Enable and implement the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.
Computerized Provider Order Entry (CPOE)	More than 80% of medication, 60% of laboratory, and 60% of "diagnostic imaging" orders are recorded using CPOE. EPs, eligible hospital, or CAH must meet all 3 measures.

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Objectives with expanded scope:

1. Patient Electronic Access to Health Information
2. Coordination of Care through Patient Engagement
3. Health Information Exchange
4. Public Health Reporting

Objective	Measure(s)
Patient Electronic Access to Health Information	EPs/EHs/CAHs must satisfy both measures in order to meet the objective. **Measure 1** • More than 80% of all unique patients seen by the EP or discharged from the hospital during the EHR reporting period are provided access to new information within 24 hours of its availability to the EP/EH/CAH, subject to the provider's discretion to withhold certain information. **Measure 2** • Use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to 35% of patients.

Objective	Measure(s)
Coordination of Care through Patient Engagement	EPs/EHs/CAHs must attest to 3 measures, but meet 2 out of 3 thresholds: **Measure 1** • More than 25% of all unique patients (or authorized representatives) under the care of the EP/EH/CAH during the EHR reporting period (1) view, (2) download, or (3) transmit to a third party their health information. Or enable API and meet Measure 1 of Patient Electronic Access Objective. **Measure 2** • EP/EH/CAHs communicate with patients electronically through secure messaging for 35% of patients encountered during the reporting period. In patient-to-provider communication, provider must respond to patient to receive credit under this objective. “Communicate” means when a provider sends a message to patients OR when a patient sends a message to the provider and the provider responds. **Measure 3** • EP/EH/CAH must use health information received electronically from a non-physician source for 15% of patients encountered by EP/EH/CAH in the reporting period and must use health information received from a patient or from the patient’s caregiver for 5% of patients encountered by the EP/EH/CAH in the reporting period.

Objective	Measure(s)
Health Information Exchange	EPs/EHs/CAHs must attest to 3 measures, but meet 2 out of 3 thresholds: **Measure 1** • The EP/EH/CAH that transitions or refers their patient to another setting of care or to another provider of care creates and exchanges an electronic summary of care record for 50% of such transitions of care and referrals. The electronic summary of care must be sent in accordance with the standards for transitions of care set by ONC. **Measure 2** • The EP/EH/CAH must receive, request or query for a patient's electronic summary of care record that has been created by another setting of care or provider of care for 40% of all new patient encounters during the reporting period. The electronic summary of care must be accessed in accordance with the standards for transitions of care set by ONC. **Measure 3** • Clinical Information Reconciliation (CIR) – Providers perform clinical information reconciliation for more than 80% (percent will be the same as Measure 1) of transitions of care in which the patient is transitioned into the care of the EP/EH/CAH. Provider may choose to reconcile 2 out of 3 of the following: meds, problems, and allergies.

Objective	Measure(s)

Public Health Reporting	Providers must report data on an ongoing basis to established public health registries. *Registry options: Immunization, syndromic surveillance, ELR, specialized (PDMP, cancer, etc.)*
	
	• **EP Objective: Report 3 measures from #1-5**
	
	• **EH/CAHs Objective: Report 4 measures from #1-6**
	
	  • **Measure 1-** Immunization Registry Reporting
	  • **Measure 2**- Syndromic Surveillance Reporting
	  • **Measure 3**- Case Reporting
	  • **Measure 4**- Public Health Registry Reporting*
	  • **Measure 5**- Clinical Data Registry Reporting**
	  • **Measure 6**- Electronic Reportable Laboratory Results
	
	**Providers may choose to report to more than one public health registry to meet the number of measures.*
	**Providers may choose to report to more than one clinical data registry to meet the number of measures required to meet the objective*.

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Modifications to Meaningful Use in 2015-2017 NPRM

Goals of Proposed Provisions

1. Align with Stage 3 proposed rule to achieve overall goals of programs
2. Synchronize reporting period objectives and measures to reduce burden
3. Continue to support advanced use of health IT to improve outcomes for patients

Modifications to Meaningful Use in 2015 through 2017 NPRM

Proposed rule for Medicare and Medicaid EHR Incentive Programs:

- Streamlines program by removing redundant, duplicative and topped out measures
- Modifies patient action measures in Stage 2 objectives related to patient engagement
- Aligned reporting period with full calendar year
- Changes EHR reporting period in 2015 to 90-day period to accommodate modifications

Changes to Participation Timeline

2015	Attest to modified version of Stage 2 with accommodations for Stage 1 providers
2016	Attest to modified version of Stage 2
2017	Attest to either modified version of Stage 2 **or** full version of Stage 3
2018	Attest to full version of Stage 3

Alignment of Meaningful Use NPRMs

The Stage 1 and 2 Modification NPRM reconciles measures to align criteria for 2015 to 2017 with Stage 3 to:

- Prepare providers to report Stage 3 criteria in 2018
- Reduce provider burden and create a single set of sustainable objectives that promote best practices for patients
- Enable providers to focus on objectives which support advanced use of health IT, such as:
  - health information exchange
  - consumer engagement
  - public health reporting

For New Participants

- In 2015, propose allowing providers to attest to an EHR reporting period of any continuous 90-day period within calendar year

- In 2016, first-time participants may use EHR reporting period of any continuous 90-day period between January 1, 2016 and December 31, 2016
  - All returning participants must use EHR reporting period of **full calendar year** (January 1, 2015 through December 31, 2016)

- In 2017, all providers, both new or existing, must use EHR reporting period of one full calendar year as defined in Stage 3 proposed rule

EHR Certification

- No proposed changes to individual certification requirements for objectives and measures of meaningful use for EHR reporting period in 2015 through 2017 under proposed rule

- Proposing providers continue to use 2014 Edition certification criteria for EHR reporting period in 2015 and subsequent years until transition to 2015 Edition certification criteria is required for EHR reporting period in 2018

Note: Providers may upgrade early to technology certified to the 2015 Edition for EHR reporting period prior to 2018 as outlined in Stage 3 proposed rule

Reporting in 2015 and 2016

- 2015 Only- Stage 1 providers only may use alternate exclusions and specifications

- In 2016, all EPs will report on 9 objectives 2 public health measures
  - All EHs, 8 objectives and 3 public health measures

- Modifications to patient action and public health objectives

Changes from Stage 1 for EPs

Current Stage 1 EP Objectives

- 13 core objectives
- 5 of 9 menu objectives including 1 public health objective

Proposed EP Objectives for 2015-2017

- **9 core objectives**
- **2 public health options**

Current EP Objectives Aligning with Stage 3

- 6 core objectives
- 3 menu objectives
- 2 public health objectives

Changes from Stage 1 for EHs

Current EHs/CAHs Stage 1 Objectives

- 11 core objectives
- 5 of 10 menu objectives including 1 public health objective

Proposed EHs/CAHs Objectives for 2015-2017

- **8 core objectives**
- **3 public health options**

Current EHs/CAHs Objectives Aligning with Stage 3

- 5 core objectives
- 3 menu objectives
- 3 public health objectives

Changes from Stage 2 for EPs

Current EP Stage 2 Objectives

- 17 core objectives including public health objectives
- 3 of 6 menu objectives

Proposed EP Objectives for 2015-2017

- **9 core objectives**
- **2 public health options**

Current EP Objectives Aligning with Stage 3

- 7 core objectives
- 1 menu objective
- 3 public health objectives

Changes from Stage 2 for EHs

Current EHs/CAHs Stage 2 Objectives

- 16 core objectives including public health objectives
- 3 of 6 menu objectives

Proposed EHs/CAHs Objectives for 2015-2017

- **8 core objectives**
- **3 public health options**

Current EHs/CAHs Objectives Aligning with Stage 3

- 7 core objectives
- 1 menu objective
- 3 public health objectives

Changes to Patient Access Objectives

Following changes would be effective for providers for EHR reporting period beginning in 2015:	
Changing threshold from Stage 2 objective for Patient Electronic Access measure #2 from 5% to equal to or greater than **1 patient** seen by provider or discharged from hospital	Changing threshold from Stage 2 objective Secure Electronic Messaging from percent to **functionality fully enabled** (yes/no)

Changes to Public Health Objectives

Following changes would be effective for providers for EHR reporting period beginning in 2015:	
Consolidating all public health reporting objectives into **one objective** with measure options following structure of Stage 3 Public Health Reporting objective	Changing eligible hospital electronic prescribing objective from “menu” to “core” with an exclusion available for certain eligible hospitals/CAHs

Clinical Quality Measures

Proposing no changes to CQM selection or reporting scheme from CQM requirements in Stage 2 rule

For EHR reporting period in 2015 (and for providers participating for first time in 2016), proposing providers attest to any continuous 90-day period of CQM data during calendar year through Medicare EHR Incentive Program

Registration and Attestation site – Providers also have option to electronically report CQM data using established methods for electronic reporting

For 2016 and subsequent years, providers beyond first year of meaningful use may attest to one full calendar year of CQM data or electronically report CQM data using established methods for electronic reporting outlined

Submitting Comments

1. **Electronically:**

- You may submit electronic comments on this regulation to: http://www.regulations.gov/#!submitComment;D=CMS-2015-0033-0002
- Follow the "Submit a comment" instructions.

2. **By regular mail**

3. **By express or overnight mail**

4. **By hand or courier**

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